

development of expertise between Michelin star chefs and consultant plastic surgeons.

**Methods:** Four consultant plastic surgeons and three Michelin star chefs were interviewed. Interviews were recorded, transcribed and analysed. Themes related to the acquisition of expertise were identified.

**Results:** Specific factors were identified that proved fundamental in becoming an expert and maintaining expertise. These factors were personal; innate talent, motivation, deliberate self-practice and adaptability, and external; the environment and time.

**Conclusions:** “The spinning top model” was constructed to explain how the coordination of specific factors over time enabled the development of expertise. Experts never lost momentum and acquired skills through deliberate self-practice, persistent motivation and the “hunger to be better.” The spinning top model can be applied to modern surgical training as it emphasises that innate ability and talent play only a small part in development of expertise, more important were motivation, deliberate practice and adaptability. The model can be used to promote confidence and encourage trainees in that while innate ability is important the ability to become an expert is within their own hands.

#### 0067: A CASE SERIES OF ISOLATED SPLENIC ECHINOCOCCAL CYSTS: A 20-YEAR EXPERIENCE AND LEARNING REFERENCE FOR CURRENT TRAINING

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**Introduction:** Isolated splenic echinococcal cysts are rare, constituting less than 2.3% of all hydatid cysts. We report our experience of isolated splenic hydatidosis in a District General Hospital.

**Methods:** All patients diagnosed with isolated splenic hydatid cysts between 1993 and 2013 were identified from a prospective database. Patient demographics, presentations, managements and outcomes were recorded.

**Results:** 6 patients had isolated splenic hydatid cysts in the 20-year period. All patients originate from rural areas in northern Greece and southern Albania (M:F=1:1. Age: 23–78). One patient presented with acute abdomen. The remaining five presented with severe abdominal pain. Additional symptoms include malaise (2), vomiting (1) and symptomatic splenomegaly (1). All patients had eosinophilia (3.1–7.3%). Preoperative diagnosis was established using USS or CT, and confirmed by positive enzyme-linked immunosorbent assay (ELISA) for echinococcal antibodies. All patients underwent open splenectomy with hypertonic saline washout and peri-operative albendazole. No recurrence was identified at 5-year follow-up.

**Conclusions:** Isolated splenic hydatid cysts are rare but should be included in the differential diagnoses of acute abdomen with eosinophilia particularly if patient originate from rural regions. Splenectomy with antibiotics (albendazole) is the treatment of choice. This rare splenic pathology should remain as important learning reference for future surgical training.

#### 0069: THE UNITED KINGDOM FREEDOM OF INFORMATION ACT (2000) IN HEALTHCARE RESEARCH: A SYSTEMATIC REVIEW

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**Introduction:** The Freedom of Information Act (2000) potentially offers access to huge amounts of data. We aimed to investigate its use in healthcare research since 2005.

**Methods:** An extensive literature search was undertaken to January 2013. Papers were considered if they described utilising the UK Freedom of information act to gather data for healthcare research. Number and characteristics of studies utilising the Act to collect data for healthcare research and features that improved data acquisition was collected.

**Results:** Sixteen articles were included. The median number of requests was 86 (range 1–172), total number of requests was 1,732 and 15,817 pieces of data were retrieved. A median of five questions were asked per study and mean response rate was 86%. The NHS litigation authority responded to 100% of requests, Primary Care Trusts to only 81%. There was a positive correlation between number of requests made and data obtained (0.508,  $p < 0.05$ ) and number of requests made and increased response rate (0.737,  $p < 0.01$ ).

**Conclusions:** Researchers should make greater use of the act to access information they need that is not otherwise disclosed. We discuss issues

with research utilising the act and how future research of this type could be optimised.

#### 0077: WHAT DO NURSES EXPECT FROM NEWLY QUALIFIED DOCTORS?

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**Introduction:** The 2009 GMC document ‘Tomorrow’s Doctors’ identified the standards expected of Newly Qualified Doctors (NQDs). Nurses regularly observe Foundation Doctors in the clinical environment. We investigated if the observations and expectations of nurses reflect the GMC guidance.

**Methods:** Ethical and Strategic Health Authority approval was granted. Twenty-two nurses of varying experience were recruited. The 41 skills and domains recommended in Tomorrow’s Doctors that the researchers considered would be most applicable to the nurses’ observations were identified. Participants were asked which of the domains they expected and which they had observed a NQD to be able to perform. Qualitative data was collected regarding the conduct and attitudes of NQDs and analysed using thematic analysis.

**Results:** Nurses have a low expectation of NQDs skills and abilities. This is not only in regards to perceived competence but also the breadth of skills nurses have observed NQDs to possess.

**Conclusions:** Nursing staff decide who to contact in the medical team. Lack of knowledge of NQDs skills sets may result in NQDs being bypassed in favour of more experienced members of the team. Therefore efforts should be made to increase awareness amongst nursing staff and allied health professionals of the GMC’s guidance of NQDs.

#### 0129: THE WIKIPEDIA MEDICAL STUDENT: COMPARING THE QUALITY OF VASCULAR SURGERY TOPICS ACROSS TWO COMMONLY USED EDUCATIONAL RESOURCES

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**Introduction:** The aims of the study are to: (1) Assess the quality of the respective [Wikipedia.org](http://Wikipedia.org) articles against the equivalent chapters in a standard textbook of surgery; (2) Identify any errors of omission in either resource; (3) Compare the readability of both resources using validated ease-of-reading and grade-level tools.

**Methods:** Eight fundamental topics in vascular surgery were analyzed in this study. The respective articles were accessed from [Wikipedia.org](http://Wikipedia.org) through its native search engine; equivalent chapters from Schwartz Principles of Surgery 9th edition were marked. Quality was evaluated using the DISCERN tool, errors of omission were evaluated using a proprietary scoring system designed by the author(s), and readability was evaluated using a variety of validated ease-of-reading scoring systems.

**Results:** Schwartz Principles of Surgery 9th ed. scored highest in quality with perfect DISCERN scores of 5 and had the lowest errors of omission, while [Wikipedia.org](http://Wikipedia.org) scored best for readability being, on average, understandable by most Grade 12 educated students. Inter-observer concordances validate these results.

**Conclusions:** Schwartz Principles of Surgery 9th ed. is superior to [Wikipedia.org](http://Wikipedia.org) when critiquing quality, and errors of omission, while [Wikipedia.org](http://Wikipedia.org) is superior to the textbook when considering the ease of reading.

#### 0146: THE IMPACT OF FEEDBACK ON SURGICAL PERFORMANCE: A SYSTEMATIC REVIEW

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**Introduction:** Increasing patient demands, costs and emphasis on safety have led to performance tracking of individual surgeons. Several methods of using this data, including feedback have been proposed. Our aim was to systematically review the impact of feedback of outcome data to surgeons on their performance.

**Methods:** MEDLINE, Embase, PsycINFO, AMED and the Cochrane Database were searched by two independent reviewers. 60 data-points per study were extracted.

**Results:** The search strategy yielded 1531 citations. Seven studies were eligible comprising 18,365 cases or procedures by 48 surgeons. Overall,

feedback was found to be a powerful method for improving surgical outcomes or indicators of surgical performance, including reductions in hospital mortality after CABG of 24% ( $P=0.001$ ), decreases of stroke and mortality following carotid endarterectomy from 5.2% to 2.3%, improved ovarian cancer resection from 77% to 85% ( $P=0.157$ ), and reductions in wound infection rates from 14% to 10.2%. Improvements in performance occurred in concert with reduced costs: for hepaticojejunostomy, implementation of feedback was associated with a decrease in hospital costs from \$24,446 to \$20,240 ( $P<0.01$ ). Similarly, total cost of carotid endarterectomy decreased from \$13,344 to \$9,548.

**Conclusions:** Feedback can improve surgical performance and outcomes, but is influenced by the context of delivery.

#### 0155: MAXIMISING TRAINING OPPORTUNITIES IN THE OPERATING THEATRE: PILOTING A NATIONAL SURVEY TOOL

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**Introduction:** Effective surgical training is dependent upon the quality of theatre-based learning, yet the quality of in-theatre education is subject to little scrutiny in the literature. This study aimed to pilot a research tool and provide a brief snapshot of current practice across two centres.

**Methods:** We designed a pilot survey based on a validated research tool. Twenty surgical trainers and trainees across surgical subspecialties at two hospitals were invited to complete the survey. Feedback for tool development was obtained via semi-structured interviews.

**Results:** Twenty responses were received (10 trainees, 10 trainers). While two-thirds (60%) of trainers felt that the patient's procedure indication was reviewed before "most cases", no trainee respondents agreed. A learning goal discussion before "most cases" was reported by 30% of trainers and 10% of trainees. Time constraints led 5/10 of trainers to take over procedures in "many" or "most cases". Post-survey interviews provided insightful and useful feedback for tool development.

**Conclusions:** These initial results suggest wide variability, but generally low uptake of learning opportunities in the operating theatre, with discrepancies between trainers' and trainees' perspectives. This pilot provided highly valuable information to inform the development of a survey tool for use in the resultant research project.

#### 0203: DEVELOPING AN IN-HOUSE SIMULATED SURGICAL SKILLS COURSE FOR FOUNDATION DOCTORS

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**Introduction:** Foundation training provides limited exposure to procedural surgical skills, affecting trainees' confidence and interest in a surgical career. Many foundation trainees want to develop basic-level surgical skills, irrespective of long-term career aims, but are discouraged by high costs and differing aims of formal courses. We developed a simulated surgical skills course, tailored to the needs of foundation trainees.

**Methods:** A course was designed, covering an introduction to suturing, rigid sigmoidoscopy, laparoscopy and vascular examination using a hand held Doppler. Small group, hands-on, trainee led stations were facilitated by experienced surgical colleagues. Written feedback was obtained.

**Results:** A total of 23 FY1 trainees participated in the course, with 100% return rate of feedback forms. This covered 12 domains. For content (relevance to level, intellectual challenge) averaged 96%. For structure (clearly defined objectives, learning points emphasised) averaged 96%. For the presentation (enthusiasm of presenters, interactive learning environment) average 97%. Additional qualitative statements were collected.

**Conclusions:** A simulated surgical skills course can be delivered with positive feedback from trainees. Following further development, the long-term objective is to make the course an integrated part of foundation training at our Hospital.

#### 0214: THE ETHICS OF THE SURGICAL CAMP: A MULTI-BENEFICIAL TRAINING EXPERIENCE OR PRACTISING ON THE THIRD WORLD?

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**Introduction:** With implementation of the EWTD and consequent decline in caseload, surgical camps in the developing world provide attractive alternatives to increase surgical experience. However, moral and ethical

issues are complex. As a surgical trainee I spent two weeks operating in Uganda under consultant supervision. I explored the impact on patients, the local hospital and my training.

**Methods:** Data were collected over a two-week period: 1 Total cases performed by camp (control – mean hospital caseload over one year), 2. My number of "performed" and "assisted" operations in Uganda (control – mean caseload in UK)

**Results:** 1.Total cases performed by camp – 56(9 days), average 31/week, Mean in Uganda – 6/week (November 2012–2013) 2. Uganda: average 18 performed, 9 assisted/week (total 44 cases/8 days) UK mean: 5 performed, 4 assisted/week (November 2012–2013)

**Conclusions:** Surgical camps allow the benefits of UK training to be delivered worldwide, fulfilling ethical principles of beneficence and justice. Supervised training allows the first principle of medicine, "primum non nocere" to be upheld, while providing a 3-fold increase in training. With careful patient selection and engagement of local doctors in follow-up, we created a 5-fold increase in caseload, benefiting patients, local staff and the hospital.

#### 217: POST OPERATIVE SURGICAL DRAINS AFTER PANCREATOCODUODENECTOMY: SINGLE VERSUS DUAL DRAINAGE

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**Aim:** The placement of one or more abdominal drains after pancreaticoduodenectomy is common practice with the rationale that this facilitates early diagnosis of complications. Increasing evidence suggests that drainage after abdominal surgeries may be unnecessary. Our aim was to evaluate the outcomes following the use of one drain versus two drains following pancreaticoduodenectomy.

**Method:** We retrospectively reviewed 182 patients chosen at random out of a pool of 260 patients who had a pancreaticoduodenectomy between 2006 and 2013. Patients were subdivided into two groups; those with one drain (group1) and patients with two drains (group2).

Data was then analysed according to demographic factors such as age/gender and peri-operative factors such as type of pancreatic anastomosis, date of drain removal, complications, means used to diagnose and treat complications, length of stay, clinical details, cancer origin and histology reports.

**Results:** There were 37 patients in group1 and 145 patients in group2. The length of hospital stay was significantly shorter in group 1 (13.16 vs 15.39 days,  $P<0.05$ ). There was no statistical difference in the rate of overall complications, intervention or re-admission in both groups.

**Conclusion:** The use of one drain after pancreaticoduodenectomy may facilitate earlier discharge without increasing morbidity, mortality, re-admission and intervention rate.

#### 0220: EVALUATION OF THE GREENLIGHT SIMULATOR AND DEVELOPMENT OF A SIMULATION-BASED TRAINING CURRICULUM FOR LASER PVP

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**Introduction:** This study aims to establish learning curves; assess face, content and construct validity, feasibility and acceptability of the Green-Light Simulator; and develop an evidence-based training curriculum.

**Methods:** This prospective, observational and comparative study, recruited novice ( $n=25$ ), intermediate ( $n=12$ ), and expert ( $n=7$ ) level PVP surgeons from the United Kingdom and Europe. A group of novices ( $n=12$ ) performed 10 sessions of part-task training modules followed by a long operative case, whereas a second group ( $n=13$ ) performed five sessions of a given common case. Intermediate and expert groups performed all training modules once, followed by one operative case. Participants were given a quantitative survey to evaluate their experience.

**Results:** Construct validity was demonstrated in two of five training modules ( $p=0.038$ ;  $p=0.018$ ) and in a considerable number of case metrics ( $p=0.011$ ). Learning curves were observed in all five training modules ( $p<0.001$ ) and significant reduction in operative time ( $p<0.001$ ) and error ( $p=0.017$ ) were seen. An evidence-based training curriculum was produced using the results.